

U.S. Mission Vietnam – U.S. Embassy in Hanoi

Foreign National Student Intern Program (FNSIP) – Statement of Interest

Public Affairs Section (PAS)

Section 1: Personal Information

Name:

Address:

Email:

Phone:

Cell phone:

Do you have any relatives that currently work in this U.S. mission? Yes ☐ No ☐
If yes, please provide their name, position title, and the section where they work.

Are you a citizen or legal permanent resident of the country where this U.S. mission is located? Yes ☐ No ☐

(If you answered “no”, you are not eligible to participate in the FNSIP.)

Section 2: Education

<u>Name and full address of your current College, University or Institution</u>	<u>Dates Attended From (mm/yyyy) To (mm/yyyy)</u>	<u>Did you graduate?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Major Area of Study:</u>	<u>Name & Telephone Number of instructor:</u>

How many hours per week are you able to participate in the FNSIP? Please indicate hours per week.

What days of the week are you available? Please indicate what days/hours you are available.
Please list your proposed start and end dates. These dates will be negotiated with hiring office, if selected.

Section 3: Languages

Please list the languages that you speak, read and/or write and the level for each below:

1– Basic *Examples - Basic greetings, phrases, and numbers.*

2– Limited *Examples – Directions, simple questions.*

3- Good working knowledge *Examples – Conversations about familiar topics, complex documents.*

4– Fluent *Examples – Infer nuanced meaning from complex documents.*

5- Translator *Examples – Certified professional translator in this language.*

Language	Speaking (Provide Level)	Reading (Provide Level)	Writing (Provide Level)

Section 4: Special Qualifications and Skills

List any special skills, including computer, you possess and equipment you can use, certifications, licenses obtained, etc.

Skills	Equipment	Certifications	Licenses

Section 5: Training Received

List training received in areas applicable to the internship position in which you are applying

Section 6: Work Experience:

Paid and Voluntary – Please list your most current work experience

<u>Job Title</u> <u>Full Time</u> <input type="checkbox"/> <u>OR</u> <u>Part-Time</u> <input type="checkbox"/>	<u>From: (mm/yyyy)</u>	<u>To: (mm/yyyy)</u>	<u>Annual Salary</u>
<u>Employer Name,</u> <u>Address and Phone</u> <u>Number</u>			
<u>Main Duties and Responsibilities:</u>			
<u>Reason for leaving:</u>			

<u>Job Title</u> <u>Full Time</u> <input type="checkbox"/> <u>OR</u> <u>Part-Time</u> <input type="checkbox"/>	<u>From: (mm/yyyy)</u>	<u>To: (mm/yyyy)</u>	<u>Annual Salary</u>
<u>Employer Name,</u> <u>Address and Phone</u> <u>Number</u>			
<u>Main Duties and Responsibilities:</u>			
<u>Reason for leaving:</u>			

Section 7:

Have you ever worked for the U.S. Government?

YES

NO

Section 8: Reason for wanting to participate in the FNSIP

Please provide a brief statement to explain why you would like to be considered for the FNSIP and what you hope to achieve during the program that will benefit your current area of study. Please also give us two best examples of how you support/contribute to the Public Affairs Section (PAS).

Section 9: DECLARATION

- ☐ I am a current student at a trade school, technical or vocational institute, junior college, college, university or other accredited educational institution, and I am in good academic standing.
- ☐ I understand that any information I provide may be investigated and that any false statements may be grounds for non-consideration or termination from the FNSIP, if selected.
- ☐ I understand that, if I am provisionally selected for the FNSIP, a successful security and medical certification must be completed before I may begin the program.
- ☐ I consent to the release of information about my ability and fitness for the FNSIP by employers, schools, law enforcement agencies, and other individuals and organizations to U.S. mission-authorized investigators and personnel.
- ☐ I certify that, to the best of my knowledge, all of my statements are true and complete.

Printed Name of Applicant

Date

Signature of Applicant

YOU MUST INCLUDE:

- ☐ A copy of your identification card.
- ☐ A copy of your school identification card.
- ☐ A copy of your most recent school transcript.
- ☐ A written permission from the educational institution.

U.S. DEPARTMENT OF STATE GRATUITOUS SERVICE AGREEMENT

[A signed copy of this document should be maintained by post's HR office.]

I understand and agree that I am being provided an opportunity to perform volunteer services pursuant to 5 U.S.C. § 3111 as part of the Foreign National Student Intern Program. I understand that I will not be receiving any compensation in return for the services that I perform. I further agree that I waive any and all claims against the U.S. Department of State and/or the United States Government (USG) for payment of compensation as a consequence of my performance of services under this agreement. I further understand that I will not be considered an employee of the U.S. mission, the U.S. Department of State or the USG, except as otherwise provided by applicable law.

I understand that I have been accepted into the FNSIP and that my participation in this program is subject to termination at any time at the discretion of the U.S. mission.

Please sign below to acknowledge that you understand the terms of this arrangement.

Printed Name of Student

Date

Signature of Student